

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NAMIC PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐Check if different  
than previously  
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg A. Dykstra

Signature of Treasurer

Electronically Filed by Gregg A. Dykstra

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NAMIC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		90708.23
(b) Cash on Hand at Beginning of Reporting Period .....	109706.28	
(c) Total Receipts (from Line 19) .....	33635.50	70931.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	143341.78	161639.23
7. Total Disbursements (from Line 31) .....	33271.68	51569.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110070.10	110070.10
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NAMIC PAC

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22235.00	49047.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	9400.50	17384.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31635.50	66431.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	31635.50	68931.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	33635.50	70931.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33635.50	70931.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	271.68	569.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	271.68	569.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	51000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33271.68	51569.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33271.68	51569.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31635.50	68931.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31635.50	68931.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	271.68	569.13
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	271.68	569.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bart Anderson

Mailing Address 3601 Vincennes Road  
PO Box 68700

City State Zip Code  
Indianapolis IN 46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Senior VP - Member Svcs/Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: R6754

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Bart Anderson

Mailing Address 3601 Vincennes Road  
PO Box 68700

City State Zip Code  
Indianapolis IN 46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Senior VP - Member Svcs/Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 6

Transaction ID: R6858

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Thomas E. Beach

Mailing Address 170 South Independence Mall West

City State Zip Code  
Philadelphia PA 19106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pennsylvania Lumbermens  
Mutual Insuran

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: R6728

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional) .....

770.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) W.A. Bisette		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address The Curtis Center 170 S. Independence Mall West		<b>Transaction ID:</b> R6746	
City Philadelphia	State PA	Zip Code 19106-3388	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Director	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Stephen F. Boyd		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 170 South Independence Mall West		<b>Transaction ID:</b> R6809	
City Philadelphia	State PA	Zip Code 19106-3388	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Director	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jim Bricker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 733 W. 4th Avenue		<b>Transaction ID:</b> R6685	
City Olympia	State WA	Zip Code 98502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer PEMCO Insurance Companies	Occupation Government Affairs	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Paul F. Brinker

Mailing Address 21250 Caris Rd.

City State Zip Code  
 Bowling Green OH 43402-9633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lime City Mutual Insurance  
Association

Occupation  
Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: R6626

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Ms. Marliiss Browder

Mailing Address 5290 Duke Street

City State Zip Code  
 Alexandria VA 22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R6592

Amount of Each Receipt this Period

20.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Marliiss Browder

Mailing Address 5290 Duke Street

City State Zip Code  
 Alexandria VA 22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: R6636

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 5290 Duke Street			<b>Transaction ID:</b> R6692	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 5290 Duke Street			<b>Transaction ID:</b> R6785	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Marliiss Browder			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 5290 Duke Street			<b>Transaction ID:</b> R6815	
City State Zip Code Alexandria VA 22304			Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Manual Deduction	
Name of Employer NAMIC		Occupation Federal Affairs Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marliiss Browder  
Mailing Address 5290 Duke Street

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Federal Affairs Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 6

Transaction ID: R6860

Amount of Each Receipt this Period

20.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles M. Chamness  
Mailing Address 527 W 46th Street

City State Zip Code  
Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: R6593

Amount of Each Receipt this Period

75.00

Manual Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles M. Chamness  
Mailing Address 527 W 46th Street

City State Zip Code  
Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6637

Amount of Each Receipt this Period

75.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

Transaction ID: R6693

Amount of Each Receipt this Period

75.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: R6786

Amount of Each Receipt this Period

75.00

Manual Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 9 / 2 0 0 6

Transaction ID: R6816

Amount of Each Receipt this Period

75.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Charles M. Chamness

Mailing Address 527 W 46th Street

City State Zip Code  
 Indianapolis IN 46208-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R6861

Amount of Each Receipt this Period

75.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Darwin Copeman

Mailing Address 1202 Aerie Lane

City State Zip Code  
 Cameron MO 64429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cameron Insurance Companies

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

Transaction ID: R6670

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Robert A. Cunningham

Mailing Address P.O. Box 238

City State Zip Code  
 Prairie Grove AR 72753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Arkansas Farmers  
Mutual Törn

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 6

Transaction ID: R6716

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Robert Detlefsen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 3601 Vincennes Road		<b>Transaction ID:</b> R6594
City Indianapolis	State IN	Amount of Each Receipt this Period 20.00
Zip Code 46268	FEC ID number of contributing federal political committee. C	Manual Deduction
Name of Employer NAMIC	Occupation Public Policy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert Detlefsen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3601 Vincennes Road		<b>Transaction ID:</b> R6638
City Indianapolis	State IN	Amount of Each Receipt this Period 20.00
Zip Code 46268	FEC ID number of contributing federal political committee. C	Manual Deduction
Name of Employer NAMIC	Occupation Public Policy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Robert Detlefsen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 3601 Vincennes Road		<b>Transaction ID:</b> R6694
City Indianapolis	State IN	Amount of Each Receipt this Period 20.00
Zip Code 46268	FEC ID number of contributing federal political committee. C	Manual Deduction
Name of Employer NAMIC	Occupation Public Policy Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Detlefsen

Mailing Address 3601 Vincennes Road

City State Zip Code  
 Indianapolis IN 46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Public Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: R6787

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Robert Detlefsen

Mailing Address 3601 Vincennes Road

City State Zip Code  
 Indianapolis IN 46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Public Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 9 / 2 0 0 6

Transaction ID: R6817

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Robert Detlefsen

Mailing Address 3601 Vincennes Road

City State Zip Code  
 Indianapolis IN 46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Public Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R6862

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

**A.** Ms. Bernadene Dochnachl

Mailing Address 1460 Wells Street

City State Zip Code  
Enumclaw WA 98022-3003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mutual of Enumclaw Insurance

Occupation  
Chairman Elect 2006-2007

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: R6581

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

**B.** Mr. Gregg A. Dykstra

Mailing Address 1838 Arrowwood Drive

City State Zip Code  
Carmel IN 46033-9020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Internal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: R6595

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Gregg A. Dykstra

Mailing Address 1838 Arrowwood Drive

City State Zip Code  
Carmel IN 46033-9020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Internal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6639

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregg A. Dykstra

Mailing Address 1838 Arrowwood Drive

City State Zip Code  
 Carmel IN 46033-9020

FEC ID number of contributing federal political committee.

C

Name of Employer  
NAMICOccupation  
Vice President - Internal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

Transaction ID: R6695

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Gregg A. Dykstra

Mailing Address 1838 Arrowwood Drive

City State Zip Code  
 Carmel IN 46033-9020

FEC ID number of contributing federal political committee.

C

Name of Employer  
NAMICOccupation  
Vice President - Internal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: R6788

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Gregg A. Dykstra

Mailing Address 1838 Arrowwood Drive

City State Zip Code  
 Carmel IN 46033-9020

FEC ID number of contributing federal political committee.

C

Name of Employer  
NAMICOccupation  
Vice President - Internal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 9 / 2 0 0 6

Transaction ID: R6818

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregg A. Dykstra  
Mailing Address 1838 Arrowwood Drive

City State Zip Code  
Carmel IN 46033-9020

FEC ID number of contributing federal political committee.

C

Name of Employer  
NAMICOccupation  
Vice President - Internal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 6

Transaction ID: R6863

Amount of Each Receipt this Period

20.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Keith Escue  
Mailing Address 703 W. Poplar

City State Zip Code  
Rogers AR 72756-4443

FEC ID number of contributing federal political committee.

C

Name of Employer  
Farmers Mutual Insurance CompanyOccupation  
Secretary/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: R6768

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clarence Guinn, CPA  
Mailing Address P.O. Box 489

City State Zip Code  
Rogers AR 72757

FEC ID number of contributing federal political committee.

C

Name of Employer  
Farmers Mutual Insurance CompanyOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: R6654

Amount of Each Receipt this Period

1000.00

Check

SUBTOTAL of Receipts This Page (optional) .....

1270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Gerald J. Healy		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address The Curtis Center, Independence Sq		<b>Transaction ID:</b> R6657	
City Philadelphia	State PA	Zip Code 19106	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Pennsylvania Lumbermens Mutual Insuran	Occupation Vice President - Field Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Bruce N. Heaton		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 305 Decatur Street, Box 340		<b>Transaction ID:</b> R6612	
City Lincoln	State IL	Zip Code 62656	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Frontier Mutual Insurance Company	Occupation Secretary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Stuart C. Henderson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address PO Box 1463		<b>Transaction ID:</b> R6576	
City Minneapolis	State MN	Zip Code 55440-1463	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Check	
Name of Employer Western National Mutual Insurance Comp	Occupation President/CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Marcus Hill

Mailing Address PO Box 88

City State Zip Code  
 Fort Worth TX 76101-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Agricultural Workers Mutu-  
al Auto Insur

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R6571

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. H. Gregg Huey

Mailing Address 10 W 106th Street

City State Zip Code  
 Indianapolis IN 46290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Farmers Mutual In-  
surance Compa

Occupation  
Senior V.P., COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R6568

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Ms. Cilla Dressen Hughes

Mailing Address 245 N. Tyler Street; PO Box 358

City State Zip Code  
 Tyler MN 56178-0358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hope St. Leo Mutual Insur-  
ance Company

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R6574

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Cilla Dressen Hughes Mailing Address 245 N. Tyler Street; PO Box 358 City Tyler State MN Zip Code 56178-0358 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID: R6838</b> Amount of Each Receipt this Period 250.00 Check
Name of Employer Hope St. Leo Mutual Insurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Judy S. Jackson Mailing Address 48 Great Hillwood Road City Moodus State CT Zip Code 06469 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6 <b>Transaction ID: R6726</b> Amount of Each Receipt this Period 250.00 Check
Name of Employer New London County Mutual Insurance Com Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Russell Janecka Mailing Address 103 Tournament Drive City Victoria State TX Zip Code 77904 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 <b>Transaction ID: R6713</b> Amount of Each Receipt this Period 250.00 Credit Card
Name of Employer Germania Farm Mutual Insurance Associa Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Kenneth D. Johnson

Mailing Address 602 N. Victoria Road

City State Zip Code  
Donna TX 78537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Missouri Mutual Ins-  
urance Compan

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: R6563

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)

Mr. Harvey E. Kroiz

Mailing Address 815 Roscommon Road

City State Zip Code  
Bryn-Mar PA 19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Capital Insurance

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: R6745

Amount of Each Receipt this Period

500.00

Check

**C.** Full Name (Last, First, Middle Initial)

Mr. Joe Liddle

Mailing Address 2523 Meadow Creek Road

City State Zip Code  
Galax VA 24333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grayson-Carroll-Wythe Mut-  
ual Insurance

Occupation  
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: R6561

Amount of Each Receipt this Period

250.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Stan W. McNaughton Mailing Address 4425 East Lake Goodwin Road City State Zip Code Stanwood WA 98292 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation PEMCO Insurance Companies President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 <b>Transaction ID: R6684</b> Amount of Each Receipt this Period 450.00 Check
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Arthur L. Meadows Mailing Address Route 7 Box 113 B City State Zip Code Fairmont WV 26554-8915 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Pan Handle Farmers Mutual Insurance Co President & CEO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6 <b>Transaction ID: R6714</b> Amount of Each Receipt this Period 250.00 Credit Card
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Kevin Meskehl Mailing Address 71 Inman Road City State Zip Code Weymouth MA 02188-1825 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Quincy Mutual Fire Insurance Company Executive Vice President/Secretary Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 <b>Transaction ID: R6715</b> Amount of Each Receipt this Period 1000.00 Credit Card

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen H. Miller, CPCU  
Mailing Address 3944 - 259th Avenue, SE

City State Zip Code  
Issaquah WA 98029

FEC ID number of contributing federal political committee.

C

Name of Employer  
PEMCO Insurance CompaniesOccupation  
Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: R6688

Amount of Each Receipt this Period

250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
COUNTRY PAC  
Mailing Address PO Box 2100

City State Zip Code  
Bloomington IL 61702-2100

FEC ID number of contributing federal political committee.

C

Name of Employer  
Country Insurance & Financial Services

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 6

Transaction ID: R6812

Amount of Each Receipt this Period

5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Paul  
Mailing Address 40962 Brothers Ave

City State Zip Code  
Henderson IA 51541-4048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Western Iowa Mutual Insurance AssociationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: R6727

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. L. Gerald Roach, CPCU, FLMI

Mailing Address 4027 Monument Ave.

City State Zip Code  
 Richmond VA 23230-3907

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mutual Assurance Society  
of Virginia

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 6

Transaction ID: R6719

Amount of Each Receipt this Period

1000.00

Check

Full Name (Last, First, Middle Initial)

**B.** Mr. Justin Roth

Mailing Address 727 3rd Street NE

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Senior Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R6601

Amount of Each Receipt this Period

20.00

Manual Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Justin Roth

Mailing Address 727 3rd Street NE

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Senior Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: R6646

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Justin Roth  
Mailing Address 727 3rd Street NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Senior Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: R6702

Amount of Each Receipt this Period

20.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Justin Roth  
Mailing Address 727 3rd Street NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Senior Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: R6795

Amount of Each Receipt this Period

20.00

Manual Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Justin Roth  
Mailing Address 727 3rd Street NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Senior Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 6

Transaction ID: R6824

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Justin Roth  
Mailing Address 727 3rd Street NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Senior Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 6

Transaction ID: R6869

Amount of Each Receipt this Period

20.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger Schmelzer  
Mailing Address 928 West 77th Street

City State Zip Code  
Indianapolis IN 46260-3352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: R6602

Amount of Each Receipt this Period

20.00

Manual Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger Schmelzer  
Mailing Address 928 West 77th Street

City State Zip Code  
Indianapolis IN 46260-3352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6647

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger Schmelzer  
Mailing Address 928 West 77th Street

City State Zip Code  
Indianapolis IN 46260-3352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: R6913

Amount of Each Receipt this Period

20.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger Schmelzer  
Mailing Address 928 West 77th Street

City State Zip Code  
Indianapolis IN 46260-3352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: R6753

Amount of Each Receipt this Period

5.00

Cash

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger Schmelzer  
Mailing Address 928 West 77th Street

City State Zip Code  
Indianapolis IN 46260-3352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NAMIC

Occupation  
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: R6796

Amount of Each Receipt this Period

20.00

Manual Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 28 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger Schmelzer  
Mailing Address 928 West 77th Street

City State Zip Code  
Indianapolis IN 46260-3352

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Vice President - Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 6

Transaction ID: R6825

Amount of Each Receipt this Period

20.00

Manual Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas J. Shaw  
Mailing Address P.O. Box 99

City State Zip Code  
Liberal MO 64762-0022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barton County Mutual Insurance Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6611

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred A. Shultz  
Mailing Address 5502 East Timber Ridge Rd.

City State Zip Code  
Mt. Crawford VA 22841-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Augusta Mutual Insurance Company

Occupation  
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6625

Amount of Each Receipt this Period

500.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Walter C. Smythe, CPCU, AAI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address Auburn Business Park P.O. Box 1960		<b>Transaction ID:</b> R6569	
City Auburn State ME Zip Code 04211-1960		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Patrons Oxford Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President & CEO Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David Sommer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 305 Hickory Hollow Lane		<b>Transaction ID:</b> R6835	
City Brenham State TX Zip Code 77833-9238		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Germania Farm Mutual Insurance Associa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 300.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Dan Sondles		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address One Park Circle		<b>Transaction ID:</b> R6628	
City Westfield Center State OH Zip Code 44251		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Check	
Name of Employer Westfield Companies Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Senior Executive - Government Relation Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 30 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas M. Sullivan, CIC, PFMM  
Mailing Address 728 Meadowlark Court

City State Zip Code  
Geneseo IL 61254-1126

FEC ID number of contributing federal political committee.

C

Name of Employer  
Svea Mutual Insurance Com-  
panyOccupation  
Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6624

Amount of Each Receipt this Period

250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tim Sullivan  
Mailing Address 3601 Vincennes Road

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing federal political committee.

C

Name of Employer  
NAMIC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: R6606

Amount of Each Receipt this Period

20.00

Manual Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tim Sullivan  
Mailing Address 3601 Vincennes Road

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing federal political committee.

C

Name of Employer  
NAMIC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: R6744

Amount of Each Receipt this Period

20.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Tim Sullivan Mailing Address 3601 Vincennes Road City Indianapolis State IN Zip Code 46268-0700 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6 <b>Transaction ID: R6706</b> Amount of Each Receipt this Period 20.00 Manual Deduction
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Tim Sullivan Mailing Address 3601 Vincennes Road City Indianapolis State IN Zip Code 46268-0700 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: R6750</b> Amount of Each Receipt this Period 10.00 Cash
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Tim Sullivan Mailing Address 3601 Vincennes Road City Indianapolis State IN Zip Code 46268-0700 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: R6800</b> Amount of Each Receipt this Period 20.00 Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Tim Sullivan Mailing Address 3601 Vincennes Road City Indianapolis State IN Zip Code 46268-0700 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6 <b>Transaction ID: R6829</b> Amount of Each Receipt this Period 20.00 Manual Deduction
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Tim Sullivan Mailing Address 3601 Vincennes Road City Indianapolis State IN Zip Code 46268-0700 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6 <b>Transaction ID: R6873</b> Amount of Each Receipt this Period 20.00 Manual Deduction
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Dominick Vicari Mailing Address 3907 William Street City Seaford State NY Zip Code 11783-2135 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Greater New York Insurance Group Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6 <b>Transaction ID: R6614</b> Amount of Each Receipt this Period 250.00 Check

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. Douglas J. Wacek

Mailing Address PO Box 158

City State Zip Code  
 Montpelier VT 05601-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Mutual Fire Group

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 6

Transaction ID: R6560

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Richard E. Wilborn

Mailing Address 1122 N. Main

City State Zip Code  
 McPherson KS 67460-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Alliance Mutual  
Insurance Co.

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 6

Transaction ID: R6837

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1131.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

Transaction ID: R6610

Amount of Each Receipt this Period

100.00

Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston Mailing Address 122 C Street, NW, Suite 540 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Vice President - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1131.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6 <b>Transaction ID: R6653</b> Amount of Each Receipt this Period 100.00 Manual Deduction
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston Mailing Address 122 C Street, NW, Suite 540 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Vice President - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1131.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6 <b>Transaction ID: R6710</b> Amount of Each Receipt this Period 100.00 Manual Deduction
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David A. Winston Mailing Address 122 C Street, NW, Suite 540 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NAMIC Occupation Vice President - Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1131.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: R6805</b> Amount of Each Receipt this Period 100.00 Manual Deduction

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

A. Full Name (Last, First, Middle Initial)

Mr. David A. Winston

Mailing Address 122 C Street, NW, Suite 540

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC

Occupation  
Vice President - Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1131.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 9 / 2 0 0 6

Transaction ID: R6834

Amount of Each Receipt this Period

100.00

Manual Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael A. Yeager

Mailing Address 1690 Scherersville Road

City State Zip Code  
 Allentown PA 18104-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 6

Transaction ID: R6562

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Michael A. Yeager

Mailing Address 1690 Scherersville Road

City State Zip Code  
 Allentown PA 18104-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Mutual Insurance  
Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: R6767

Amount of Each Receipt this Period

150.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry Zenke, PFMM

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mound Prairie Mutual Insu-  
rance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 6

Transaction ID: R6808

Amount of Each Receipt this Period

250.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

22235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NAMIC PAC

**A.** Full Name (Last, First, Middle Initial)  
Farmers Mutual Hail PAC

Mailing Address 2323 Grand Avenue

City State Zip Code  
Des Moines IA 50312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 6

Transaction ID: R6811

Amount of Each Receipt this Period

2000.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

Full Name (Last, First, Middle Initial)

## **A. National City Bank**

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D715**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

123.77

Full Name (Last, First, Middle Initial)

## **B. National City Bank**

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D716**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

111.41

Full Name (Last, First, Middle Initial)

## **C. National City Bank**

Mailing Address 1417 W 86th St

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D717**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.50

**SUBTOTAL** of Disbursements This Page (optional) .....

271.68

**TOTAL** This Period (last page this line number only) .....

271.68

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

Full Name (Last, First, Middle Initial)

**A.** Ben Nelson for US Senate Committee

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
 Contr.

Candidate Name  
 E. Benjamin Nelson

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District:

**Transaction ID: D693**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Brown-Waite for Congress

Mailing Address 704 Ponce De Leon Blvd

City Brooksville State FL Zip Code 34601

Purpose of Disbursement  
 Contr.

Candidate Name  
 Virginia Brown-Waite

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 05

**Transaction ID: D710**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Cathy McMorris For Congress

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
 Contr.

Candidate Name  
 Cathy McMorris

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 05

**Transaction ID: D705**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Chocola for Congress		<b>Transaction ID:</b> D718 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 0 6</div> </div>
Mailing Address PO Box 6728		Amount of Each Disbursement this Period <div>-1000.00</div>
City South Bend State IN Zip Code 46660		
Purpose of Disbursement Returned Check #1052 dated 3/22/2006 for	<div>Category/Type</div>	
Candidate Name Christopher Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Christopher Chocola (IN-2-R).
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dave Reichert		<b>Transaction ID:</b> D704 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 6</div> </div>
Mailing Address PO Box 53322		Amount of Each Disbursement this Period <div>2000.00</div>
City Bellevue State WA Zip Code 98015		
Purpose of Disbursement Contr.	<div>Category/Type</div>	
Candidate Name David George Reichert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Doc Hastings		<b>Transaction ID:</b> D706 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 0 6</div> </div>
Mailing Address PO Box 2926		Amount of Each Disbursement this Period <div>1000.00</div>
City Pasco State WA Zip Code 99302		
Purpose of Disbursement Contr.	<div>Category/Type</div>	
Candidate Name Richard Hastings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City State Zip Code  
 West Chester OH 45069

Purpose of Disbursement  
 Contr.

Candidate Name  
 John A. Boehner

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

**Transaction ID: D696**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City State Zip Code  
 Lake Worth FL 33461

Purpose of Disbursement  
 Contr.

Candidate Name  
 Mark A. Foley

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 16

**Transaction ID: D698**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Max Baucus

Mailing Address PO Box 586

City State Zip Code  
 Helena MT 59624

Purpose of Disbursement  
 Contr.

Candidate Name  
 Max Baucus

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District:

**Transaction ID: D701**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

<b>A. Latourette for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 9112 Tyler Boulevard City Mentor State OH Zip Code 44060 Purpose of Disbursement Contr. <input type="text"/> Candidate Name Steven C. LaTourette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14		<b>Transaction ID: D692</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
<b>B. Mark Pryor for US Senate Committee</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2720 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Contr. <input type="text"/> Candidate Name Mark Lunsford Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:		<b>Transaction ID: D707</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
<b>C. McCrery for Congress Committee</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 52956 333 Texas Street Suite 1900 City Shreveport State LA Zip Code 71135 Purpose of Disbursement Contr. <input type="text"/> Candidate Name Jim McCrery Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04		<b>Transaction ID: D709</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 NAMIC PAC

Full Name (Last, First, Middle Initial)

**A.** Mike Dewine for Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement  
 Contr.

Candidate Name  
 Mike DeWine

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

**Transaction ID: D702**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Pennsylvanians for Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement  
 Contr.

Candidate Name  
 Paul E. Kanjorski

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

**Transaction ID: D694**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Porter for Congress

Mailing Address PO Box 26087

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement  
 Contr.

Candidate Name  
 Jon C. Porter

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

**Transaction ID: D697**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

<b>A. Ryan for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement Contr. <input type="text"/> Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01		<b>Transaction ID: D695</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00
<b>B. Steve Israel for Congress Committee</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 777 City Deer Park State NY Zip Code 11729 Purpose of Disbursement Contr. <input type="text"/> Candidate Name Steve J. Israel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 02		<b>Transaction ID: D703</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
<b>C. Talent for Senate</b> Full Name (Last, First, Middle Initial) Mailing Address 507 Capitol Court NE, #100 City Washington State DC Zip Code 20002 Purpose of Disbursement Contr. <input type="text"/> Candidate Name James M. Talent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 02		<b>Transaction ID: D699</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NAMIC PAC

Full Name (Last, First, Middle Initial)

**A. The Blue Dog PAC**

Mailing Address 236 Massachusetts Ave., NE, Suite 5

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contr. Blue Dog Coalition (DC-D)

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D700

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Wally Herger for Congress Committee**

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement  
Contr.Candidate Name  
Wally HergerCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: D708

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

33000.00